

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/627398

FILING DATE

APPLICANT(S)

7/29/05

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|-----------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | 12 | | 12 | | | |
| TOTAL DEP. | 20 | | 27 | | | |
| TOTAL CLAIMS | 32 | | 39 | | | |

| | * IND. DEP. | | * IND. DEP. | | * IND. DEP. | |
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| TOTAL IND. | | | | | | |
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| TOTAL CLAIMS | | | | | | |